

SUPERSEDED BY

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MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 2.1-A
Page 1
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT SERVICES

A. Target Group:

Pregnant Women

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

STATE <u>AR</u>	A
DATE REC'D <u>JUL 1 1987</u>	
DATE APP'D <u>JUL 30 1987</u>	
DATE EFF <u>See HCFA-179</u>	
HCFA 179 <u>87-12</u>	

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Case Management Services are services by a physician, a licensed social worker, or registered nurse which will assist pregnant women eligible under Medicaid in gaining access to needed medical, social, educational, & other services. (Ex.: locating a source of services, making an appointment for services, arranging transportation, arranging hospital admission, locating a physician to deliver newborn, follow-up to verify appointment, reschedule appt.)

E. Qualification of Providers:

Physician or clinic that provides perinatal services and employs specified staff.

TN No. 87-12
Supersedes
TN No. new

Approval Date JUL 30 1987

Effective Date See HCFA-179

HCFA ID: 1040P/0016P

State/Territory: ARKANSAS

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE <u>AR</u>	A
DATE REC'D <u>JUL 1 1987</u>	
DATE REC'D <u>JUL 30 1987</u>	
DATE APPVD <u>See HCFA-179</u>	
DATE EFF <u>87-12</u>	
HCFA 179	

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HCFA ID: 1040P/0016P

Revised: January 1, 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT

- A. Target Group:
Medicaid recipients sixty (60) years of age and older who:
- Have limited functional capability resulting from difficulty with two or more ADLs or IADLs which results in the need for the coordination of multiple services and/or other resources, OR;
 - Are in a situation or condition which poses imminent risk of death or serious bodily harm and one who demonstrates the lack of mental capacity to comprehend the nature and consequences of remaining in that situation or condition.
- B. Areas of State in which services will be provided:
☒ Entire State.
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act) is invoked to provide services less than Statewide:
- C. Comparability of Services:
☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services:
Case management services are defined as referral for services or treatment. It is an activity under which responsibility for locating, coordinating and monitoring necessary and appropriate services for an individual rests with a specific person. Case management services will assist Medicaid recipients in gaining access to needed medical, social, educational and other services. These medical, social, educational and other services include services provided under the Arkansas Medicaid State Plan as well as those services not provided under the Arkansas Medicaid State Plan.

TN No. <u>92-05</u>	Approval Date <u>3/4/92</u>	Effective Date <u>1/1/92</u>
Supersedes TN No. <u>91-31</u>	STATE <u>Arkansas</u>	
	DATE REC'D <u>2-18-92</u>	A
	DATE APP'D <u>3-4-92</u>	
	DATE EFF <u>1-1-92</u>	
	HCFA 179 <u>92-05</u>	

Revised: September 1, 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT

Target Group:

Medicaid recipients sixty (60) years of age and older who:

- Have limited functional capability resulting from difficulty with two or more ADLs or IADLs which results in the need for the coordination of multiple services and/or other resources, OR;
- Are in a situation or condition which poses imminent risk of death or serious bodily harm and one who demonstrates the lack of mental capacity to comprehend the nature and consequences of remaining in that situation or condition.

D. Definition of Services (Continued):

Targeted Case Management Services are limited to 208 hours per SFY.

The following are targeted case management service descriptions.

- **Assessment/Updating:** Face to face contact with the recipient and contact with other professionals, caregivers, or other parties on behalf of the recipient. Assessment is performed for the purpose of collecting information about the recipient's situation and functioning and determining and identifying the recipient's problems and needs. Updating includes reexamining the recipient's needs, identifying changes which have occurred since the previous assessment and altering the service plan as the recipient's needs change. Updating includes measuring the recipient's progress toward service plan goals.
- **Service Management:** Functions and processes which include initial development of a service plan identifying the type of services to be pursued, which must be related to the recipient's needs identified in the assessment, contacting service providers selected by the recipient and negotiating for the delivery of services identified in the service plan. Contacts with the recipient and/or professionals, caregivers or other parties on behalf of the recipient may be a part of service management.
- **Service Monitoring:** Verifying through regular contacts with service providers that appropriate services are provided in a manner which is in accordance with the service plan and assuring through regular contacts with the recipient that the recipient continues to participate in the service plan and is satisfied with services.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>7-20-92</u>	
DATE APPV'D	<u>8-20-92</u>	
DATE EFF	<u>9-1-92</u>	
HCFA 179	<u>92-29</u>	

TN No. 92-29 Approval Date 8/20/92Effective Date 9-1-92Supersedes TN No. 92-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT

Target Group:

Medicaid recipients sixty (60) years of age and older who:

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D. Definition of Services (Continued):

Refer to Attachment 4.19-B, Page 7, B. for the definition of a unit of service.

STATE	Arkansas	A
DATE REC'D	7-20-92	
DATE APPV'D	8-20-92	
DATE EFF	9-1-92	
HCFA 179	92-29	

TN No. 92-29 Approval Date 8-20-92Effective Date 9-1-92Supersedes TN No. ~~94-32~~92-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT

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E. Qualification of Providers:

Providers of targeted case management services for persons sixty (60) years of age and older must be certified by the Division of Aging and Adult Services as meeting the following:

- (1) be licensed as a Class A or Class B Home Health Agency by the Arkansas Department of Health, or a unit of state government, or an agency;
- (2) be able to demonstrate one year of experience in performing case management services;
- (3) be able to demonstrate one year of experience in working specifically in the field of aging;
- (4) have an administrative capacity to insure quality of services in accordance with State and Federal requirements;
- (5) have the financial management capacity and system that provides documentation of services and costs;
- (6) have the capacity to document and maintain individual case records in accordance with State and Federal requirements;
- (7) be able to demonstrate that they have current liability coverage and
- (8) employ qualified case managers who shall:

be licensed in the State of Arkansas as a Social Worker, a Registered Nurse or a Licensed Practical Nurse, or have a bachelor's degree from an accredited institution, or have performed satisfactorily as a Case Manager for a period of two (2) years.

TN No. <u>93-28</u>	Approval Date <u>9-16-93</u>	Effective Date <u>12-1-93</u>
Supersedes TN No. <u>92-05</u>		
STATE <u>Arkansas</u>		A
DATE REC'D <u>8-31-93</u>		
DATE APP'D <u>9-16-93</u>		
DATE EFF <u>12-1-93</u>		
HCFA 179 <u>93-28</u>		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT

Target Group:

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DATE REC'D	<i>2-18-92</i>	
DATE APP'D	<i>3-4-92</i>	
DATE EFF	<i>1-1-92</i>	
HCFA 179	<i>92-05</i>	

TN No. 92-05 Approval Date 3/4/92 Effective Date 1/1/92
Supersedes TN No. 91-81

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT

A. Target Group:

Medicaid recipients age twenty-two and older who are diagnosed as having a developmental disability of mental retardation, cerebral palsy, epilepsy, autism or any other condition of a person found to be closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to those of persons with mental retardation or require treatment and services similar to those required for such persons and are not receiving services through the DDS Alternative Community Services (ACS) Waiver Program.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act) is invoked to provide services less than Statewide.

C. Comparability of Services:

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TN No. 94-11 Approval Date JUL 06 1994Effective Date AUG 01 1994Supersedes TN No. 94-02

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>JUN 09 1994</u>	
DATE APPLIC	<u>JUL 06 1994</u>	
DATE EFF	<u>AUG 01 1994</u>	
HCHA 179	<u>94-11</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

CASE MANAGEMENT

Target Group:

Medicaid recipients age twenty-two and older who are diagnosed as having a developmental disability of mental retardation, cerebral palsy, epilepsy, autism or any other condition of a person found to be closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to those of persons with mental retardation or require treatment and services similar to those required for such persons and are not receiving services through the DDS Alternative Community Services (ACS) Waiver Program.

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- **Service Monitoring:** Verifying through regular contacts with service providers that appropriate services are provided in a manner which is in accordance with the service plan and assuring through regular contact with the recipient that the recipient continues to participate in the service plan and is satisfied with services.

TN No.

94-11

Approval Date

JUL 06 1994

Effective Date

AUG 01 1994

Supersedes TN No.

94-02

STATE	Arkansas
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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D. Definition of Services (Continued):

Refer to Attachment 4.19-B, Page 7, B. for the definition of a unit of service.

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DATE REC'D	JUN 09 1994	
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HCFA 179	<i>94-11</i>	

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